

THIRD PARTY DAMAGE COMPLAINT

Public Service Commission SFN 59067 (11-12) OCT 3 0 2013

NORTH DAKOTA

PART	A -	WHO	IS S	UBMIT	TING	THIS	COMP	LAINT	

Information Being Submitted By Individual Company*	Company/Organization	Person Filing Information Michael Swanson	Position	KVICE COIVIIVIISSI
Address of Person Filing Information 1733 Whippoorwill Lane	City Grand Forks		State ND	Zip Code 58203
Telephone Number 701-741-0895	Email Address mmswanson@live.com		Date 10-13-	12

PART B - WHO ALLEGEDLY VIOLATED THE ONE-CALL REGULATIONS

Name of Excavator		Telephone Number 701-351-0739		
Karas Excavating				
Address City Larimore		State Zip Code ND		
Name of Entity for Which Excavation Was Performed Grand Forks Trail Water		Telephone Number 701-599-2963		
Address	City Thompson	State ND	Zip Code	

PART C - TIME AND LOCATION OF THE EVENT

Date and Time of Event	Address of the Excavation and/or Damage	er entre er	Alexandra Alexandra (Alexandra)	
10-8-2013	1733 Whippoorwill Lane			
County	City	State	 Zip Code	
Grand Forks	Grand Forks	ND	58203	

PART D - FACILITY INVOLVED

	Operator of Facility and Contact Person (if known) Michael Swanson							
Personal home								
Address	City	State	Zip Code					
1733 Whippoorwill Lane	Grand Forks	ND	58203					
Felephone Number	Email Address (if known)							
701-741-0895	mmswanson@live.c	om	mmswanson@live.com					

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Michael Swanson

PART E – DAMAGE (if applicable)					
Fatalities	Injuries		Length o	of Hospitalization, If	Applicable
Estimated Value of Property Damage: \$			Number	of Customers Affect	ted
\$800.00					
Damaged Within		Photos o	of Damaged Facility		
Public Property Private Proper		☐ Ye (If yes, p	es 📝 No lease include copie	s)	
PART F – EXCAVATION					
Was a locate requested from North Dakota One	e-Call?				
Yes Locate Ticket Number		art Date on Ticket			
√ No	Gla	III Date on Ticker	L		
Unknown					
Did excavator wait until the start date/time on the	ne ticket before commencio	ng excavation?			
Yes No Unknow	/n □ N/A				
Were buried facilities exposed by hand or non-i	nvasive equipment prior to	excavation?	**************************************		
☐ Yes ☑ No ☐ Unknow	n □ N/A				
PART G – MARKING					
Were facilities marked?		Yes	√ No	Unknown	□ N/A
Were utility/facility marks visible in the area of e	excavation?	☐ Yes	✓ No	Unknown	□ N/A
Were the utility/facilities marked correctly?		☐ Yes	✓ No	Unknown	□ N/A
Was the marking complete prior to the start time	e on the ticket?	Yes	√ No	Unknown	□ N/A
Did the excavator pre-mark with white paint?	Yes	✓ No	Unknown	□ N/A	
Was the facility marked accurately within 24 inc	☐ Yes	✓ No	Unknown	□ N/A	
Did the excavator use reasonable care to maint life of project?	☐ Yes	☑ No	Unknown	□ N/A	
PART H - DESCRIPTION OF EVENT	Γ				
Description of Event					
Karas Excavating was installing	water lines for Gra	and Forks T	rail Wate	er, when thev	dua

Karas Excavating was installing water lines for Grand Forks Trail Water, when they dug up the power line in my yard. When they hit the power line there was a loud bang and smoke came pouring out of my meter socket on my home. It melted my socket and had to be replaced. They also destroyed a couple trees, by driving over them. When contacted about paying for the damage, his response was, I cannot see below the dirt, and if I expect him to pay for the damage, he will see me in court. This was the third time he cut the power lines along this road in less than a week. I then made a call to ND one call and found that they had not made a call for locates. Grand Forks Trail Water gave me a ticket #13168713 for the locates. This was for locates on Lonesome Dove Drive, requested by GF Trail Water. The three sites where they cut through the power lines were on Whippoorwill Lane, about a 1/4 mile south of there. I am waiting for the bill from my electrician for the repairs, and GF trail Water said they will submit it to there board and they expect them to pay for the damages.

Description of Event Continued					
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1					
PART I – SIGNATURE					
Signature of Person Filing Complaint		Date			
Michael D Swanson		10/13	3/2013		
Please include additional documents and photos, if a	pplicable.				
*If you are filing on behalf of a company, please provid complaint.	e information su	pporting y	our authority	to file this	
Send Completed, Original Complaint To:					
Public Service Commission					
600 E Boulevard Ave Dept 408 Bismarck ND 58505-0480		Fmail t	o the Com	mission	
Telephone: (701) 328-2400	Į.		o the confi	111331011	